



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF TENNCARE

REQUEST FOR INFORMATION
AFOR
TENNESSEE ELIGIBILITY DETERMINATION SYSTEM (TEDS)

RFI # 31865-00713
JUNE 9, 2023

1. **STATEMENT OF PURPOSE:**

The State of Tennessee, Department of Finance and Administration, Division of TennCare ("TennCare") issues this Request for Information ("RFI") for the purpose of identifying vendors with expertise and experience operating and maintaining a Medicaid/Children's Health Insurance Program (CHIP) eligibility determination system. We appreciate your input and participation in this process.

2. **BACKGROUND:**

TennCare is the State Medicaid Agency (SMA) responsible for the administration of Tennessee's Medicaid program. TennCare has implemented solutions that, together, manage the application and appeals processes for Tennesseans seeking Medicaid benefits, including a public-facing portal for Members and applicants, an online partner portal, plus a mobile application. TennCare is seeking information from vendors with the qualifications and experience necessary to take over, operate, and maintain TennCare's existing eligibility and appeals related systems. The systems consist of the Tennessee Eligibility and Determination System (**TEDS**), Pre-Admission Evaluations Referral Long Term Services and Support (**PERLSS**), and Medical Appeals Tracking System (**MATS**).

- **TEDS** is the TennCare solution that establishes if an applicant is eligible for Medicaid or eligible for other insurance affordability programs, such as CHIP. If the applicant meets the eligibility requirements, the applicant is enrolled in the Medicaid and/or CHIP programs. TEDS will then send a notice to the applicant of their qualification, and the applicant is then considered a Member. TEDS will send the required Member information to TennCare's Member Enrollment Module (a separate solution in the MMIS) to process, store, and enroll the Member into a managed care plan using business rules to determine which Managed Care Organization (MCO) the Member will be enrolled. The current contract for TEDS can be referenced on the TennCare website, found here: [Current TEDS Contract](#)

- **PERLSS** is the TennCare Long-Term Services and Supports (LTSS) cloud-based solution that manages and tracks Pre-Admission Evaluations (PAE) to determine an individual's

medical (or level of care) eligibility and manages enrollment for TennCare CHOICES, Employment Community First CHOICES, 1915(c) Waivers, and Katie Beckett programs. PAEs are reviewed and adjudicated by registered nurses, and PAEs with an approved level of care will proceed to enrollment. The enrollment team will then assess whether the applicant meets all criteria for enrollment in a particular program.

- **MATS** is TennCare's Medical Appeal Tracking System used to process Member appeals arising from Adverse Benefit Determinations (as defined in 42 CFR §§ 431.210 and 438.404), which have been proposed by the Member's assigned MCO. Please see TennCare Rule 1200-13-13-.11, and the [TennCare MCO Agreement](#) section A.2.19 for the definition of Adverse Benefit Determinations and an in-depth description of TennCare's Member medical appeal process. MATS houses all data related to Member benefit appeals and captures all appeal process-related workflows necessary to ensure TennCare's timely compliance with federally-prescribed due process obligations. MATS capabilities include routing and assigning tasks, running algorithms designed to ensure capture of data fields necessary to meet reporting obligations, identifying trends, and demonstrating timely compliance with appeal resolution requirements.

3. COMMUNICATIONS:

Please submit your response to this RFI to:

Matt Brimm
Division of TennCare
310 Great Circle Road, Nashville, TN 37228
(615) 687-5811
Matt.Brimm@tn.gov

- 3.1. Please contact TennCare with any questions regarding this RFI. The main point of contact will be:

Matt Brimm, TennCare Director of Contracts
Division of TennCare
310 Great Circle Road, Nashville, TN 37228
(615) 687-5811
Matt.Brimm@tn.gov

- 3.2. Please reference RFI # 31865-00713 with all communications to this RFI.

4. RFI SCHEDULE OF EVENTS:

EVENT		TIME (Central Time Zone)	DATE (all dates are State business days)
1.	RFI Issued		June 9, 2023
2.	RFI Response Deadline		August 8, 2023

5. GENERAL INFORMATION:

- 5.1. Please note that responding to this RFI is not a prerequisite for responding to any future solicitations related to this project and a response to this RFI will not create any contract rights. Responses to this RFI will become property of the State.
- 5.2. The information gathered during this RFI is part of an ongoing procurement. In order to prevent an unfair advantage among potential respondents, the RFI responses will not be available until after the completion of evaluation of any responses, proposals, or bids resulting from a Request for Qualifications, Request for Proposals, Invitation to Bid, or other procurement method. In the event that the state chooses not to go further in the procurement process and responses are never evaluated, the responses to the procurement, including the responses to the RFI, will be considered confidential by the State.
- 5.3. The State will not pay for any costs associated with responding to this RFI.

6. INFORMATIONAL FORMS:

- 6.1. The Technical Information Form shown below indicates the information specified to be included in your response. All components should be addressed according to the instructions within this section and any item-specific instructions (e.g., page limitations), as noted below.
- 6.2. Respondents are not expected to insert responses directly into the RFI template. Please provide your response under separate cover in accordance with the details noted in the sections of the Technical Information Form below.
- 6.3. Please clearly label each question/item in your response according to the exact numbering system used in the Technical Information Form below.
- 6.4. To better enable an efficient and effective review process, please respond as succinctly as reasonably possible to satisfy the questions/requirements.

RFI #31865-00713	
TECHNICAL INFORMATIONAL FORM	
1.	RESPONDENT LEGAL ENTITY NAME:
2.	RESPONDENT CONTACT PERSON: Name: Title: Address: Phone Number: Email:
3.	Brief description of experience providing similar scope of services/products.
4.	GENERAL BUSINESS EXPERIENCE <ol style="list-style-type: none">a. Provide a narrative that details Respondent's experience, including years, best practices, and lessons learned:<ol style="list-style-type: none">i. Working with maturing governance structure-related enterprise architecture.ii. Working in a multi-vendor environment supporting MMIS Modules in a Medicaid Information Technology Architecture (MITA)-based framework.iii. Allocating resources for a takeover of operations, including staffing strategy considerations and personnel skillsets or qualifications.iv. Sharing data with Managed Care Contractors (MCCs) and other critical partners.v. Driving performance metrics in alignment with State Medicaid Agency enterprise goals.b. Provide a narrative that details Respondent's understanding, including best practices and lessons learned for the following:<ol style="list-style-type: none">i. Eligibility solution impacts related to CMS Public Health Emergency (PHE) guidance, examples include SHO# 23-002, SHO# 22-001, SHO# 21-002, SHO# 20-004.ii. Data sourcing for high-quality Transformed Medicaid Statistical Information System (T-MSIS) federal reporting related to eligibility and enrollment.

- iii. Current and upcoming CMS and federal policy guidance and proposed CMS rules, including the following:
 - Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes (CMS-2421-P).
 - Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency (SHO# 22-001).
 - Updated Medicaid Information Technology Systems Guidance: Streamlined Modular Certification for Medicaid Enterprise Systems (SMD# 22-001); and
 - State Flexibilities to Determine Financial Eligibility for Individuals in Need of Home and Community-Based Services (SMD# 21-004).
 - Federal Communications Commission related to Telephone Consumer Protection Act (TCPA).
 - Federal Business Services Definitions (BSDs).
 - Affordable Care Act and Single Streamlined Application Implementation: Medicaid Program Eligibility Changes Under the Affordable Care Act of 2010 CMS-2349-P.
 - Any other CMS or federal policies impacting eligibility, including federal mandatory Medicaid categories and Medicare Savings.

5. GENERAL TECHNOLOGY

- a. Provide a narrative detailing Respondent's experience, including best practices and lessons learned:
 - i. Taking over operations and maintenance of cloud-based eligibility solutions specifically, or Medicaid Modules in general, including the following:
 - Criteria utilized by client for determining takeover acceptance.
 - Major milestones for takeover of operations.
 - Success factors of a solution takeover.
 - ii. Working with an integration services layer vendor for Identity Access Management (IAM), centralized portals, Enterprise Service Bus (ESB), Electronic Data Interchange (EDI), and Managed File Transfer (MFT) components.
 - iii. Managing solution-related security risks and incidents within an enterprise security monitoring framework.
 - iv. Maintaining business rules related to record matching and integrating with enterprise Master Data Management (MDM) solutions.
 - v. Providing eligibility, LTSS, and medical appeals data to an Enterprise Data Warehouse (EDW).
 - vi. Operating and maintaining a cloud-based Commercial Off-the-Shelf (COTS) product including:
 - Patching and maintaining a cloud-based COTS product.
 - Enhancement needed outside of locally controlled configurations or modifications.
- b. Provide a narrative detailing Respondent's experience, including best practices and lessons learned:
 - i. Managing State-owned Amazon Web Services (AWS) or similar cloud provider infrastructure services.

- ii. Using a State-owned and managed Application Lifecycle Management (ALM) tools such as Jira and Jama.
 - iii. Using or integrating solution with existing enterprise tools based on a State's preferred technology list for ITSM, Software Development Lifecycle (SDLC) management, and Governance, Regulatory, and Compliance (GRC), and enterprise integration to achieve cost saving and synergies for the State in a multi-vendor environment.
 - iv. Working with State-owned Enterprise tools such as Splunk, Tripwire, Dynatrace, Logic Monitor, JIRA, and JAMA.
 - v. Working with State-owned ServiceNow to deliver IT Services using Information Technology Service Management (ITSM).
 - vi. Working with a State-owned Cloud Architecture Broker and Cloud Security Broker.
- c. Provide a narrative detailing Respondent's ability to deliver innovative approaches to analysis and reporting to TEDS, PERLSS, and MATS, including the capability to conduct the following:
 - i. Extract field-level data.
 - ii. Modify and enhance existing reports.
 - iii. Write complex queries to accurately locate impacted Member populations.
 - iv. Statewide or regional population health management initiatives.
- d. Provide a narrative describing Respondent's experience and approach, including best practices and lessons learned to the following:
 - i. End-to-end testing in a multi-vendor environment.
 - ii. Collaborating with and reporting to a State Enterprise Test Management Office.
 - iii. Collaborating with multiple vendors for enterprise testing and release management including:
 - Pre-release impact analysis, analysis of interdependencies, communication of deployment timelines, and associated release notes/artifacts.
 - Collaborating with multiple vendors on an integrated schedule in various development and production environment scenarios, including data refresh strategy.
 - Maintaining accurate system documentation and historical change management records in a manner easily accessible to business users.
 - iv. Code promotion and major and minor release processes.
 - v. Real-time communication of scope and/or schedule changes to all impacted or potentially impacted vendors.
- e. Provide a narrative detailing Respondent's experience with defect management, including best practices and lessons learned:
 - i. Utilizing State-owned defect management tools and processes to ensure defects are found, tracked, resolved, and approved by the State.
 - ii. Alerting the State within a defined timeframe when duplicates or errors are identified.

- iii. Monitoring and resolving defects promptly and efficiently in collaboration with the State, including defects related to notices and enterprise tools (i.e., IAM).
 - iv. Minimizing the number of active recurring data fixes under a defined threshold.
- f. Provide a narrative detailing Respondent's Continuous Improvement Process (CIP) approach, including best practices and lessons learned:
 - i. Identifying and implementing CIP recommendations.
 - ii. Presenting and collaborating with engagement leadership and stakeholders on CIP opportunities, including transparency on service function, process, and activities.
 - iii. Tracking and optimizing CIP opportunities.
- f. Provide a narrative detailing Respondent's capability to maintain an audit trail of all cases, including all actions related to a case.
- a. Provide a narrative detailing Respondent's approach to maintaining compliance with HIPAA, MARS-E, NIST, IRS Pub 1075, Social Security Administration security regulations and other applicable state and federal standards.
- g. Provide a narrative detailing Respondent's approach to a security breach.
- h. Provide a narrative detailing Respondent's experience with identifying and implementing workflow automation, including robotic process automation, virtual agents, and Artificial Intelligence (AI) technology.
- i. Provide a narrative detailing Respondent's experience, including lessons learned and best practices, with maintaining and enhancing modular MMIS applications in a cloud-native microservices architecture to optimize system scalability, flexibility, and extensibility. The narrative should include any insights gained refactoring MMIS modules to avail of cloud-native container and container orchestration services, and automated code deployment using DevOps pipelines.

6. PERLSS

- a. Provide a narrative detailing Respondent's understanding of the following:
 - i. Non-financial eligibility determination for the LTSS community and use of non-traditional data sources to support access, equity, and eligibility determination.
 - ii. Pre-Admission Screening and Resident Review (PASRR) process.
 - iii. Katie Beckett program.
 - iv. Delivering computer-based training modules via Learning Management System
 - v. Interfacing with MMIS and PASRR vendors with flexibility to integrate with newly identified sources.
 - vi. Person-centered support planning and data gathering by population type (e.g., LTSS, Intellectual or Developmental Disabilities (IDD), Behavioral Health (BH)).
 - vii. Sharing LTSS data with MCCs.
 - viii. Driving LTSS performance metrics.
 - ix. Value-Based Payment (VBP) solutions, management, reimbursement, and delivery modeling (including Enhanced Respiratory Care) including:
 - Aggregating Electronic Visit Verification (EVV) data.

	<ul style="list-style-type: none"> • Driving claims and encounter processing. • Member attribution modeling. <p>x. Managing a seamless integrated workflow approach to PERLSS.</p> <p>b. Provide a narrative detailing Respondent's experience, including lessons learned and best practices:</p> <ul style="list-style-type: none"> i. Supporting internal and external user needs, including Area Agencies on Aging and Disability (AAAD) and Nursing Facility Diversion. ii. Integrating PASRR data for population health management. iii. Integrating Katie Beckett-associated data into MMIS Modules. iv. Implementing enhanced respiratory care and similar or related quality programs.
7. MATS	<p>a. Provide a narrative detailing Respondent's experience, including lessons learned and best practices:</p> <ul style="list-style-type: none"> i. Supporting a medical appeal management cloud-based solution to track Member benefit appeals for Medicaid and CHIP Members. ii. State-level Member benefit appeals processes and workflows related to Medicaid and CHIP Members. iii. Providing and utilizing technology solutions for managing Member benefit appeal related documentation, tracking issue and appeal status from time issue is filed until appeal resolution, and managing Member and MCO communications and records for medical appeals staff by authorized users, including but not limited to, State appeals staff and contractors. iv. Managing a seamless integrated workflow approach to MATS. v. Supporting the operations and ongoing use of a medical appeals management tracking solution. vi. Deploying system changes required for appeal processing improvements, for State and federal law compliance, and/or as a result of improved business workflow and processes. vii. Investigating and providing solutions to resolve system related issues and defects reported by authorized users. viii. Providing the timely printing, issuance, and proving applicant's receipt of legal pleadings related to the applicant's appeal.
8. TEDS – GENERAL FUNCTIONALITY	<p>a. Provide a narrative that details Respondent's experience, including lessons learned and best practices with:</p> <ul style="list-style-type: none"> i. Experience with case-based processing and systems and Member-based processing and systems. ii. Batch and real-time transaction processing to share critical data across multiple modules and vendor partners. iii. Streamlining transactions sent and received to multiple modules in a manner that avoids introducing processing related delays. (i.e., no eligibility, negative eligibility, and incorrect due process notice). <p>b. Provide a narrative detailing Respondent's capability to provide enhancements for the following:</p>

<ul style="list-style-type: none"> i. Enhance the quality and usefulness of federal race and ethnicity data based on revisions made by the Office of Management and Budget to the Statistical Policy Directive (SPD) 15. ii. Implement enhancements/updates to ensure compliance with changes outlined in the CMS Proposed Rule: Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes. c. Provide a narrative detailing Respondent's capability to support: <ul style="list-style-type: none"> i. Integration of information and eligibility between TEDS and other State needs-based benefits like SNAP/TANF. ii. A TennCare-wide solution noticing multiple assisting persons or authorized representatives per individual in a case-based system across TEDS platforms, PERLSS, MATS, and MMIS.
<p>9. TEDS - APPLICATION PROCESSING</p> <ul style="list-style-type: none"> a. Provide a narrative detailing Respondent's experience, including best practices and lessons learned: <ul style="list-style-type: none"> i. Coordinating application registration, processing, and renewal from multiple intake channels (i.e., Member, worker, partner portal, mobile applications, Federally Facilitated Marketplace (FFM), State Data Exchange (SDX), and Low-Income Subsidy (LIS)). ii. Working with service center vendors in multi-state geographic locations. iii. Processing individual applications within appropriate timelines, including: <ul style="list-style-type: none"> • Real-time and no touch application processing (i.e. applications sourced from FFM, LIS, or other sources). • Routing tasks to appropriate worker queues as needed to complete application process. • State Data Exchange (SDX)-sourced application transactions, including appeal scenarios.
<p>10. TEDS - PERSON MATCHING</p> <ul style="list-style-type: none"> a. Provide a narrative detailing Respondent's experience, including best practices and lessons learned: <ul style="list-style-type: none"> i. Integrating with an enterprise MDM related to eligibility and enrollment processes with minimal duplicates and errors, including the use and sharing of data structured in a case/household format versus an individual/Member format. ii. Implementing solution updates related to change requests and management of Member records in lower-level testing environments. iii. Adhering to enterprise Data Governance policies and procedures. iv. Associating applications with known Members. v. Utilizing dynamic, hybrid person and case search features for accurate matching results.
<p>11. TEDS - ELIGIBILITY DETERMINATION</p> <ul style="list-style-type: none"> a. Provide a narrative detailing Respondent's capability and experience, including best practices and lessons learned: <ul style="list-style-type: none"> i. Supporting integration to disability and non-traditional data sources.

- ii. Modifying business rules at any time to improve business operations.
- iii. Flexibility to apply large-scale updates (i.e., Cost of Living Adjustment (COLA) updates, Federal Poverty Level (FPL) ranges, State or Federal policy change).
- iv. Accommodating increased volumes at any time.
- v. Handling referral opportunities pre/post-eligibility determination for Members related to SDoH.
- vi. Managing a seamless integrated workflow approach to TEDS.
- vii. Processing eligibility accurately across multiple eligibility programs for individuals within a single household, including continuous eligibility scenarios.
- viii. Completing ex-parte renewals according to federal regulations.
- ix. Overriding eligibility determinations made by TEDS.
- x. Determining eligibility for both MAGI and Non-MAGI categories of eligibility within one system, including transitions between MAGI and Non-MAGI categories of eligibility for individuals.
- xi. Applying MAGI, Non-MAGI, and AFDC-MO methodologies within one system.
- b. Provide a narrative detailing Respondent's understanding of Affordable Care Act (ACA) requirements and experience performing MAGI and non-MAGI (Medicare Savings Program (MSP) determinations) including outcomes for varied household scenarios.
- c. Provide a narrative detailing Respondent's experience, including lessons learned and best practices in supporting financial and resource verification for eligibility determination.
- d. Provide a narrative detailing Respondent's understanding of the Patient Liability calculation process, including best practices and lessons learned, to the following:
 - i. Treatment of income in future months and calculation of carryforward income amounts from past months.
 - ii. Addressing dates of death.
 - iii. Expense management.
 - iv. Noticing related to Patient Liability.
 - v. Transmitting of Patient Liability data to MMIS Modules, as appropriate.
 - vi. Consistent representation of Patient Liability data across multiple eligibility module user access points (i.e., Member portals, partner portals, worker portals, or mobile applications).
 - vii. Experience determining Patient Liability separately from eligibility determinations.
- e. Provide a narrative detailing Respondent's experience, including best practices and lessons learned:
 - i. Identifying and determining eligibility for individuals potentially eligible in an SSI-related category of eligibility. SSI-related categories include Pickle, Disabled Adult Child (DAC), and Widow Widower categories mandated under 42 CFR 435.135, 42 USC 1383c, and Social Security Act §1634(d).
 - ii. Managing SSI cash eligibility for 1634 states.
 - iii. Integrating with interfaces associated with SSI individuals (e.g., SDX, Bendex).

12. TEDS - STATE/FEDERAL INTERFACES

- a. Provide a narrative detailing Respondent's experience, including best practices and lessons learned:
 - i. Transitioning data sharing and trading partner agreements from one vendor representative to another at the State Medicaid Agency level.
 - ii. Verifying attestations from applicant-provided application, change reporting, and renewal data for income, resources, and other eligibility determination purposes as well any use of non-traditional data sources for completing verification activities.
 - iii. Transitioning management of integration and interfacing configuration items related to MMIS Modules from one vendor to another.
 - iv. Interfacing with the following:
 - Federal Hub (i.e., Verify Lawful Presence (VLP), Verify Annual Household Income (VAHI), Verify Current Income (VCI), Federally Facilitated Marketplace (FFM), Renewal and Redetermination Verification (RRV))
 - Social Security Administration (i.e., BENDEX, SDX, SOLQi, SEVES)
 - Federal agencies (i.e., Department of Labor, Department of Human Services)
 - Financial Institutions
 - Asset Verification System (AVS)
 - Public Assistance Reporting Information System (PARIS)
 - State agencies (i.e., State Child Support Programs, Vital Statistics, State Benefits Administration)
 - MMIS Modules
 - Systematic Alien Verification for Entitlements (SAVE)
 - Master Data Management (MDM)
 - Identity and Access Management (IAM)
 - Equifax Workforce Solutions
 - v. Flexibility to integrate with newly identified interfaces.
 - vi. Implementing rules establishing a hierarchy for similar data sets from multiple sources.

13. NOTICES AND CORRESPONDENCE

- a. Provide a narrative detailing Respondent's experience, including best practices and lessons learned, with a print and mailing vendor:
 - i. Transitioning contractual arrangements with incumbent print and mail vendor services.
 - ii. Providing print and mail vendor services for an eligibility solution and/or member benefit appeals tracking solution, including the ability to provide a print and mail vendor within the Southeastern United States.
 - iii. Managing print and mail vendor operations, including adherence and enforcement of performance metrics.
 - iv. Transitioning printing and mailing services from one vendor to another related to EE Solutions and/or MMIS Modules.
 - v. Implementing quality control processes related to correspondence, including approaches to sampling notices on a defined cadence (i.e., daily, weekly, monthly), tracking of items to ensure delivery, and experience with automated notice QC process.

<ul style="list-style-type: none"> vi. Validating USPS addresses. vii. Provisioning of National Change of Address (NCOA) service through print and mail vendor services
<ul style="list-style-type: none"> b. Provide a narrative detailing Respondent's notice and correspondence management experience, including best practices and lessons learned: <ul style="list-style-type: none"> i. Updating and designing system-generated notice templates based on federal, state, or programmatic policy changes, including associated triggers and business rules. ii. Identifying opportunities for combining data attributes from client/Member-based systems and other enterprise modules for innovative approaches to improve health outcomes for citizens and Members, including dynamic noticing. iii. Generating and printing ad hoc large one-time notices in addition to typical daily mail volume, including engaging additional print vendor services based on notice volume. iv. Providing notices and correspondence related to ex-parte renewal process for automatic eligibility redeterminations. v. Generating and combining eligibility and dual eligibility notices and attachments in a single correspondence package, including case-based notices for multimember household and multiple assisting persons or authorized representatives for such households. vi. Issuing HIPAA-compliant electronic notifications and correspondence to individuals. vii. Providing communication outreach efforts for eligibility renewals and identifying the impact of Federal Communications Commission declaratory ruling, DA 23-62.

COST INFORMATIONAL FORM
<ul style="list-style-type: none"> 1. Describe the typical price range for similar services and elaborate on key considerations, drivers, and components for pricing.
<ul style="list-style-type: none"> 2. Describe your pricing structure for enhancements to a takeover and maintenance of operations.

ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> 1. Please provide input on alternative approaches or additional things to consider that might benefit the State.